U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 1

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 84 5 3	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Reginald 1990 1990 V Castanares, Jr	Name Plumbers AFL-CIO, LU 675
A THE RESULT OF A	Labor Organization File Number 025-657
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1109 Bethel Street	Street 1109 Bethel Street
City Honolulu	City Honolulu
State Hawaii ZIP Code + 4 96813-2209	State Hawaii ZIP Code + 4 96813 - 2209
5. Position in labor organization.	La Company of the Com
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·
Signa	ature of the state
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents) has been examined by the signotory and is to the best of the
Signed Reguld V. Cafen Jr.	On AUG 2 - 2005 808 536 - 5454 Date Telephone Number

Name of Person Filing Reginald Castanares, Jr.	, , , , , , , , , , , , , , , , , , , ,	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	Business deals with:		
Name PAMCAH/UA Local 675 Cooperation Fund			
Trade Name, if any:	a. Labor Organizatio	on	
P.O. Box, Bldg., Room No., if any Suite 403	b. Trust		
Street 1109 Bethel Street	Zamija di Employo.		
City Honolulu			
State Hawaii ZIP Code + 4 96813 - 2218			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing]. 	100 (A minu Arekka Arekka) minu sa
Name Various Signatory Contractors	PAMCAH-UA Local 675 contributions from a	Cooperation Fu signatory conta	nd is supported by ctors.
Trade Name, if any:	Transition to the Control of the Con		TOTAL TO A STATE OF THE STATE O
P.O. Box, Bldg., Room No., if any			- full myseculations
Street	11.b. Approximate dollar value	of such dealing	\$170,319
City	12.a. Nature of interest held		Accompany of the second of the
State ZIP Code + 4	Reimbursement of expeducational seminar various charitable of	penses of parti and representa	tion of trust at
	12.b. Amount.		\$2,809
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value. 14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Ta.a. Nature or payment.	er klederleid kunn er i samma sääni kladidikkuurus on denderleid silles on samillan sees	
Name The contract of the cont	Bellevier and the second of th		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	design of the control		To control to the con
City			
State ZIP Code + 4		allitera lied in the recognitive way or early a through graph in	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		Anna Committee of the second o

Name of Person Filing	Reginald	Castanares,	Jr.
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PAMCAH-UA Local 675 Administrative Office	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 403	D. Trust	
Street 1109 Bethel Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96813-2218		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	PAMCAH-UA Local 675 Administrative administrative services to the var	Office provides
Trade Name, if any:	Local 675 trust funds. Expenses of office are prorated among the variations and the variations are provided to the variations and the variations are provided to the variations are provid	of operating the
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		
City Honolulu		statementalistas visitataistas kasta kirkikisteetee koosile asteeta kasta kasta talata kasta kasta kasta kasta
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$1,100,000
	12.a. Nature of interest held or income received.	100 + 79 h - (111 to - 100 + 1
	Reimbursement for cost of particip	ation in various
	conferences relating to trust admi	.nistration.
	en de la constanta de la const	
	The state of the s	E tri-servicetivetics from a 1980/9 (1990/98) (1990/98) attrivers an accompany paggapagy) again.
	12.b. Amount.	\$17,283

Name of Person Filing	Reginald	Castanares	.Tr
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Alston, Hunt, Floyd & Ing Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 2281 Street	a. Labor Organization b. Trust c. Employer	
City Honolulu State Hawaii ZIP Code + 4 96801-2281	The second of th	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 408 Street 1109 Bethel Street City Honolulu State Hawaii ZIP Code + 4 96813-2218	Legal Services 11.b. Approximate dollar value of such dealing.	
The rest transport of the state	12.a. Nature of interest held or income received.	\$125,371
	Attendence of dinners sponsored by Floyd & Ing	/ Alston, Hunt,
	12.b. Amount.	\$146

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Name of Person Filing Reginald Castanares,	Tea	 • • • • • • • • • • • • • • • • •
mis Reginato Cascanares,	Ur.	File Number U-

Part B Continuation Page

	T Total	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bank of Hawaii	emaous	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 3170	b. Trust	
Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96802		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	Investment management and custodia	al services.
Trade Name, if any:		The second secon
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$213,109
	12.a. Nature of interest held or income received.	
	Estimated cost of participation in sponsored by Bank of Hawaii	golf tournament
		¥ .
		* 1
	12.b. Amount.	\$100

Name of Person Filing Reginald Castanares, Jr.	File Number U-

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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Central Pacific Bank	guerana	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any 5th Floor	D. Trust	
Street 220 South King Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96813		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	Investment custodial services	and the state of t
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		
		on the second second spirit of season is which second second second second second second second second second
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$163,466
	12.a. Nature of interest held or income received.	
	Estimated cost of dinners provided Pacific Bank	by Central
	12.b. Amount.	\$152

Name of Person Filing	Reginald	Castanares,	Jr
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Davis, Hamilton, Jackson & Associates	gamana	
Trade Name, if any:	a. Labor Organization	
P.O. D.	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 1600	(dimension)	
Street 1401 McKinney Street	c. Employer	
City Houston		. •
State Texas ZIP Code + 4 77010-4035		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	Investment management	and a second
Trade Name, if any:	Participant of the Control of the Co	
Suppose the contract of the co		
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		
This allows we considered the constraint of the		popularing in the established in the control of the
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$26,044
	12.a. Nature of interest held or income received.	enterente des solventes ante alcono los que establica es o promposibilitativo de se
	Cost of dinner sponsored by Davis, Jackson & Associates	Hamilton,
	The second section of the second section of the second section of the second second second second section of the second s	ann an ann an an 1818 (an 1818)
	12.b. Amount.	\$158

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Dodge & Cox Trade Name, if any: P.O. Box, Bldg., Room No., if any 40th Floor Street 555 Calfiornia Street City San Francisco State California ZIP Code + 4 94104-1501	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 403 Street 1109 Bethel Street City Honolulu State Hawaii ZIP Code + 4 96813-2218	Investment management	
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$432,472
	12.a. Nature of interest held or income received. Estimated cost of dinner sponsored	by Dodge & Cox
	12.b. Amount.	\$200

Name of Person Filing	Reginald	Castanares,	Jr
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Part B Continuation Page

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name First Hawaiian Bank	entra and a particular and a second and a se	general,	
Trade Name, if any:	and more treat is a more transfer transfer transfer and subject to the observer algorithm is a second to	a. Labor Organization	
- Company and the company and	$a_{1}, a_{2}, a_{3}, a_{4}, a_{5}, $	b. Trust	
P.O. Box, Bldg., Room No., if any P.O.	Box 3708	Superconde	
Street		c. Employer	
City Honolulu	terminantiinistiinistiinistiinistiinisteeteeteeteeteeteeteeteeteeteeteeteetee		-
State Hawaii	ZIP Code + 4 96811-3708		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Tr	ust Funds	Investment management	
Trade Name, if any:			
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P.O. Box, Bldg., Room No., if any Suit	e 403		
Street 1109 Bethel Street	AND		-
City Honolulu			
State Hawaii	ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$184,388
		12.a. Nature of interest held or income received.	
		Cost of participation in golf tour by First Hawaiian Bank	nament sponsored
		The state of the s	
		12.b. Amount.	\$68
		1	400

Name of Person Filing	Dominald	Coatanaroa	Т
Name of Ferson Filling	Reginald	Castanares.	Jr.

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Morgan Stanley	famous a Labou Ouronia tier	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 1600	b. Trust	İ
Street 1001 Bishop Street	c. Employer	
City Honolulu		~
State Hawaii ZIP Code + 4 96813		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	Investment monitoring	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		menengan sembangan pangan pangan sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebaga
State Hawaii ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$24,535
	12.a. Nature of interest held or income received.	orkeen kirk ilke ilkerikers om omboreten sin let ilkerike kirklik kriike anaansin om
	Cost of dinner sponsored by Morgan	Stanley
		To the same of the
		AND A MARKET AND A STATE OF THE
	12.b. Amount.	\$94

	Name of Person Filing	Reginald	Castanares.	Jr.
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8. Name and address of Busines	s (including trade name, if any).	9. Business deals with:	
Name NWQ Investment Ma Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2049 Century Park City Los Angeles State California	nagement Company	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give tru	Semination of the contract of	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 6		Investment management	
P.O. Box, Bldg., Room No., if any Street 1109 Bethel Street City Honolulu			
State Hawaii	ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$273,033
		12.a. Nature of interest held or income received. Cost of dinner sponsored by NWQ In- Management Company	vestment :
		12.b. Amount.	\$158

Name of Person Filing	Reginald	Castanares,	Jr.
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Part B Continuation Page

8. Name and address of Business	(including trade name, if any).	9. Business deals with:	
Name Robeco USA/Boston	Partners	a. Labor Organization	
Trade Name, if any:	amanamanananan kan kan mananan kan mananan manan kata 1849 4844 4844 4844 4844 4844 4844 4844	b. Trust	
P.O. Box, Bldg., Room No., if any	Suite 905	b. Trust	
Street 900 Fort Street Ma		c. Employer	
City Honolulu			•
State Hawaii	ZIP Code + 4 96813		
10. If 9.b. or 9.c. is checked give trust	or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 67	5 Trust Funds	Investment management	The state of the s
Trade Name, if any:			***************************************
P.O. Box, Bldg., Room No., if any	suite 403		
Street 1109 Bethel Street	graphen all files for the graph of the contract of the graphen and a contract of the graphen files for the gra		
	artarikutustustusuunuusuusuustaastitassamaanta maata mittarikutuminiminiminiminiminiminiminiminiminimin		
City Honolulu	A PATRI MIT AREA MANAGAMAN AND AND AND AND AND AND AND AND AND A		ontanga sering mengangan sering ang antangga m <mark>anggan ang menggan ang menggan se</mark> ring
State Hawaii	ZIP Code + 4 96813-2218	11.b. Approximate dollar value of such dealing.	\$98,290
		12.a. Nature of interest held or income received.	Million dans area traditional above to the manufacture.
		Estimated cost of brunch sponsored Boston Partners	by Robeco USA/
		the state of the s	en e
		12.b. Amount.	\$110

Name of Person Filing	Reginald	Castanares	Tr

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name The Segal Company	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 500	🔀 b. Trust	
Anneand with an interpretation of the control of th	(Marian)	
Street 120 Montgomery Street	c. Employer	
City San Francisco		~
State California ZIP Code + 4 94104		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PAMCAH-UA Local 675 Trust Funds	Actuarial and consulting services	
Trade Name, if any:		100000000000000000000000000000000000000
Experimental control of the state of the sta		
P.O. Box, Bldg., Room No., if any Suite 403		
Street 1109 Bethel Street		
City Honolulu		
State Hawaii ZIP Code + 4 96813 - 2218	11.b. Approximate dollar value of such dealing.	\$165,504
	12.a. Nature of interest held or income received.	
	Estimated cost of dinner sponsored	by Segal Company
		entre en la sur la companya de la c
	12.b. Amount.	\$100